




## **P r o g r a m O v e r v i e w**

House Bill 2422 allocated \$200,000 annually (subject to availability of monies) for contracts with hospitals licensed by the Department of Health Services that perform non-renal organ transplant operations. The monies allocated shall be used to assist non-renal transplant recipients with their medication needs post-transplant. Only transplant-related medications and medications to treat conditions resulting from the non-renal transplant are covered under the contract. Payments for transportation of patients to and from treatment facilities are not included.



## **PARTNERS**

### **TRIO**

(Transplant Recipients Int'l. Organization)

[www.trioweb.org](http://www.trioweb.org)

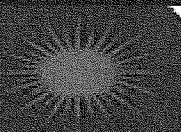
1-800-TRIO-386

### **Donor Network of Arizona**

[www.dnaz.org](http://www.dnaz.org)

1-800-94-DONOR

Arizona Department of Health Services  
Office of Health Systems Development  
1740 W. Adams St.  
Phoenix, Arizona 85007  
Phone: (602) 542-1219  
Fax: (602) 542-2011



**Arizona  
Department of  
Health Services**

**Having trouble paying  
for your transplant  
medications?**

**WE CAN HELP.**

**Non Renal  
Transplant**

**Medication  
Assistance  
Program**

## PURPOSE

- The purpose of the Non-Renal Transplant Medication Program is to make post-surgical non-renal transplant related medications available to eligible patients.

## GOAL

- The goal of the program is to assist in the long-term survival of non-renal transplant patients.

## ELIGIBILITY

### Non-renal transplant organ recipients who are:

- Residents of Arizona
- With income levels at or below 400% of the Federal Poverty Level (FPL) Guidelines
- Uninsured
- Ineligible for AHCCCS coverage
- Medicare enrollees with no prescription medication benefits
- Medicare enrollees with immunosuppressant coverage only.  
Primary and/or secondary enrollees with “exhausted” (benefits that expire after a given time period) or “insufficient” (coverage that does not cover medications prescribed by this program) medication benefits.

### FPL Guidelines 2007

Persons may qualify as follows:

<u>Family Size</u>	<u>Income less than:</u>
1	40,840
2	54,760
3	68,680
4	82,600
5	96,520
6	110,440

## MEDICATION COVERAGE

- Medications that are transplant specific like anti-rejection, anti-viral, anti-bacterial and anti-hypertensive drugs.
- Medications for the treatment of conditions resulting from non-renal transplant. (Must present physician’s justification for the condition).
- Medications not covered by Medicare

## SERVICE PROVIDER

University Medical Center  
1501 N. Campbell Ave. Box 24-5128  
Tucson, AZ 85724

If you wish to be enrolled, please contact

Transplant Financial Supervisor

Phone: (520) 694-6433